IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION AT CINCINNATI

ERIC L. JEFFRIES,

Plaintiff,

vs. Case No. C-1-02-351

CENTRE LIFE INSURANCE COMPANY, ET AL.,

Defendants.

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DEPOSITION OF:	BYRON MARSHALL HYDE 121 Iona Street Ottawa, Canada, K1Y 3M1
DATE:	October 10, 2003
TIME:	10:00 a.m. to 1:30 p.m.
LOCATION:	Office of Dr. Hyde 121 Iona Street Ottawa, Canada, K1Y 3M1
TAKEN BY:	Counsel for the Defendants

COPY

an address later.

MR. ELLIS: All right. The doctor is going to provide those to the court reporter, who will duplicate the file for us.

Mike, did you get copies of the SPECT scans that were done in Montreal?

MR. ROBERTS: The only color copies of anything I have, I gave to you that Praetorius (phonetic spelling) had given to me. And the other color copies of anything I have were included in the petition I made on behalf of Eric in 2001 or 2002.

MR. ELLIS: That would be Dr. Wu's PET Scan?

MR. ROBERTS: I -- if that's what you say, but those are the only colored documents I have of anything related to the case.

BY MR. ELLIS: (Cont'g.)

Q. All right. When you first saw Mr. Jeffries, Doctor, May 31st, or around May 31st of

2000, what was the event that caused him to come see you and what was done?

A. I have no idea what is the event that caused him to come to see me. I -- recollect that he had seen a physician in Newcastle in the North of England and it is possible because I speak there every year, he may have referred, but I have no idea.

Q. Okay. Would that be the doctor who specializes in Becketts (phonetic spelling)?

A. I don't -- I -- I can't tell you.

Q. All right. Do you have notes from the first visit of Mr. Jeffries?

A. I do have.

Q. All right. Would you tell me please with reference to those notes, what history you took from him at the time?

A. Normally when I see a patient for the first time, I just listen to him and tell him what kind of work I do, and does he really want to go on with this? And then depending on what the patient says, I then refer them for any appropriate tests that I may think maybe relevant in that particular

case.

I tend to do the equivalent of total body mapping on a patient, and I tend not to come to any conclusions for as long as possible, because until you have all the information on the table you may be running into a red herring and be misdirected.

Most -- most -- most -- to compare me with most physicians, most physicians see a patient for three-quarters of an hour or less, make a snap diagnosis, and -- and sometimes these diagnosis are quite adequate and quite correct, sometimes they're not. My diagnosis are primarily a combination of historical physical, a routine physical, plus very technical examinations of the patient. And I try not to come to any conclusions until I have as much data on the table as possible.

Q. And I -- and I appreciate that, what I am asking you to do is recount for me from your notes, the first meeting you had with Mr. Jeffries and what exactly you did?

A. When he came, I did not examine him the first day. I did examined him on the second visit,

I believe, or third. I sent him for a battery of tests, both here and in Montreal. I didn't review any of the voluminous notes that he had on various tests until much later -- a later visit.

Q. Doctor, what I'm trying to get to is: He came to see you and -- and you began a file for this patient; is that right?

A. That's true.

Q. I'd like you to look at that file and tell me from the first visit what his complaints were, and what tests you sent him for, and where you sent him, and exactly what you did?

A. Well, I can tell you why he came, he came because he had received two immunizations, a hepatitis B and a hepatitis C immunization, and shortly after, approximately five or so days later, he appeared, in his opinion, to have a reaction to that, which initially caused rather significant problems, but then later, these problems slowly increased.

And the problems were quite specific, he had problems with memory, he had problems with speech, he had problems with motor control, he had

the two SPECT scans, I can provide Mr. Farmer at this moment, and he can -- with the color copies, and he can --.

MR. ROBERTS: Oh, what's that? I'm sorry.

THE WITNESS: I do have the colored copies of the two SPECT scans done in Montreal. And I can give those to Mr. Farmer for copying.

MR. ROBERTS: Thank you.

THE WITNESS: I have my notes here from June the 8th, 2000.

BY MR. ELLIS: (Cont'g.)

Q. Okay. Pursuant to your notes of June 8th, 2000, did you take a history from Mr. Jeffries at that time?

A. It wouldn't be on this page.

Q. Okay. What do those notes reflect?

A. Those notes reflect just my conversations with Mr. Jeffries that particular day.

Q. Okay, tell me about those conversations with Mr. Jeffries?

an expert in the area of fatigue syndrome. And I know most of the physicians -- well, not most, but I used to know all of the physician in the United States who investigated this kind of problem, but the field has expanded so much lately, I don't know even a small percentage of them now. So, I tended to refer these patients off to American physicians, because it's usually covered by their insurances.

Q. Is chronic fatigue syndrome the diagnosis that you placed on Mr. Jeffries?

A. I don't essentially believe in chronic fatigue syndrome. I've edited and published what may have been the most major textbook on chronic fatigue syndrome, but what I believe is that most chronic-fatigue-syndrome cases, it's -- it's a legitimate diagnosis, but I like to go behind the diagnosis and find out what actually can be documented from scientific tests on a patients. And what -- once we have these, it often explains the fatigue syndrome.

It's -- I mean there's, you know, the general chronic fatigue syndrome in front of me, it's a legitimate diagnosis, but I like to --

THE WITNESS: Oh, can you hear me?

MR. ELLIS: Sorry, I asked the doctor, if he relies upon the reports of the reader or if he reads them himself, he said he does both.

MR. ROBERTS: Thank you.

A. For instance, I --.

BY MR. ELLIS: (Cont'g.)

Q. That's all right, let me ask you the next question.

A. Okay.

Q. Do you have specific training in this nuclear medicine to either perform or read these tests?

A. I have certainly not the experience or the ability to perform the test. I have some ability in reading them.

Q. Where were you trained to read them?

A. I did my internship at Hotel-Dieu, the same place that this machine is -- but I did it before this machine. I routinely go down there and -- to Hotel-Dieu to go over these colored scans - and the computer, which actually gives more

details than the scan -- the color printout that you have there - with Dr. Navier. Or in California I spent frequent hours with Dr. Ismail Menna (phonetic spelling), who is the chief at U.C.L.A. I have also met with the present chief at U.C.L.A., but only once.

Q. But is the answer is that you've had no formal training in it but, you get to work with the doctors --

A. Exactly.

Q. -- who have the training?

A. Exactly.

Q. All right. With regard to --.

A. But I would say that they are the experts, not me.

Q. Right.

A. What -- what is different about the reading is I can say, "this looks like there may be a problem in the subcortex and you didn't mention this." Sometimes the neuroradiologist just reports on the obvious, and we now have the ability to give computer printouts of the subcortex in different organelles of the brain, and very frequently they

Q. Have you made any specific diagnosis with regard to a physical ailment that Mr. Jeffries has?

A. For instance, what?

Q. Well, I'm asking what your diagnosis is of Mr. Jeffries' condition?

A. Central nervous system injury, number one, based on the pathophysiology of the tests we performed.

Q. Okay. Which one's in specific?

A. SPECT, PET, and in this case the MRI. Individually these tests are not specific, but the more you get showing these changes, you have to believe that there is an encephalopathy going on in this patient.

Q. All right. So --

A. And I -- I believe that.

Q. -- you're diagnosing an encephalopathy based upon the SPECT scans - several of them, done at different places, different machines - the PET scan and the MRI.

A. With the understanding that the SPECT and PET are active tests, and the MRI is a

reports --

A. Yeah.

Q. -- that all of Mr. Jeffries problems are related to this hepatitis B inoculation in 1997.

A. I don't -- did I say that, can you pull that out for me?

Q. Let's see, I think in your most recent report, your summary of diagnosis and conclusions, you begin by discussing -- this is your June 30th, 2001.

A. Okay. I have that document. What page?

Q. All right. Right at the beginning, (reading) "Until 1997 Mr. Jeffries was healthy and successful, and in 1997 he had hepatitis A and B shots." Then you list after that, that he had -- lets see, you identify that as the onset of his symptoms on page three.

A. Can we be -- go page by page? You --.

Q. I don't think I have the time.

A. Oh, well, in the first paragraph that you mentioned, yes, I'm saying that his illness started with the hepatitis A and B immunization. Understanding that for a three-week period, and I'm

seen, yes.

Q. Does that mean you're not rendering that opinion with reasonable scientific certainty, but it looks like it?

MR. ROBERTS: Objection.

Go ahead.

BY MR. ELLIS: (Cont'g.)

Q. You can answer.

A. Objection?

Q. You can answer.

A. Oh. With reasonable scientific certainty? All we can say is that he had a hepatitis B, and that he has these brain changes, period.

Q. Okay. Do you have previous --?

A. And this is consistent with other people and patients that have had hepatitis B immunizations that we have examined by SPECT, and often PET but not all, as frequently -- is consistent with post-hepatitis-B-immunization injury.

Q. All right. And when you say "consistent with" is: We're not sure, but it looks it.